



HERSHKOVITZ & ASSOCIATES, LLC  
2845 DUKE STREET  
ALEXANDRIA, VA 22314  
703-370-4800

In re application of : Ki IL KIM Docket No.: PK107441  
Application No. : 10/773,606 Group Art Unit:  
Filed : February 6, 2004 Examiner: Tran, Tuan A

For : MOBILE COMMUNICATION AND STETHOSCOPE SYSTEM

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a **Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address** in the above-captioned application.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
			Rate	Fee	Rate	Fee
*Total Claims:			x 26=	\$	x 52=	\$
**Indep. Claims:			x 110=	\$	x 220=	\$
Multiple Dependent Claims Presented			+195=	\$	+390=	\$
Extension Fees for Month				\$		\$
				\$		\$
			Total:	\$ 0	Total:	\$

\* If less than 20, write 20

\*\*If less than 3, write 3

Please charge my Deposit Account No. **50-2929** in the amount of \$ .

A Check in the amount of \$    to cover the necessary fee is included.

The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-2929**:

- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

February 4, 2009

Date

Abraham Hershkovitz

Reg. No. 45,294